

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM <sup>192</sup>

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # **P00000008026**

1. Corporation Name

**CORSAIR TRUCKING, INC.**

Principal Place of Business

Mailing Address

510 HAREM AVENUE  
OPA LOCKA FL 33054

510 HAREM AVENUE  
OPA LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2000

5. FEI Number

65-0977345

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	CALDERON, JESUS	510 HAREM AVENUE	OPA LOCKA FL 33054
VS	CALDERON, JESUS M	510 HAREM AVENUE	OPA LOCKA FL 33054

600030065946  
03/03/04--01035--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**REINSTATEMENT**

123-04  
MRS



4/11/03 90211 033 \*150.00

CR2E040 (7/03)

282

Secretary Of State:

Gentlemen,

Enclosed you will find an application for reimbursement for Corsair Trucking, Inc., and a check for \$150.00 for 2004 annual fee.

<sup>4/15/03</sup>  
Your letter of rejection and document for signature were never received, and that is why it was never mailed back to you.

Please excuse and accept enclosed document.

GT 1-11-03  
-B. 24

Jesus M Calderon 3-3-04  
Jesus M Calderon  
Vice President

Corsair Trucking, Inc